PTO/SB/81 (01-06)
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u	ired to respond to a collection of info	ormation unless it displays a valid OMB control number.					
Ī	Application Number	10/578,544					
	Filing Date	May 5, 2006 FRANCIS PHILLIP CHATFIELD					
	First Named Inventor						
	Title	VACUUM PUMP					
	Art Unit	·					
	Examinor Name						
	Attorney Docket Number	M03B167					

I hereby revoke all previous powers of attorney given in the above-identified application.											
	iii previo	ous powers or automey gr	ven in the at	00VE-106	entified applic	ation.					
I hereby appoint:											
✓ Practitioners es	Practitioners essocieted with the Customer Number:				020411						
OR			L								
Practitioner(s) named below:											
	Name			Registration Number							
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es my/our attomey(s) or agent(s) to prosecute the epplication Identified ebove, end to trensact all business in the United States Petent end Trademerk Office connected therewith.											
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	Please recognize or change the correspondence eddress for the above-identified application to:										
OR The eddress	associet	ed with the above-mentioned C	ustomer Numbe	er:		٦.					
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I am the:				Lines							
Applicant/Inv	Applicant/Inventor,										
Assignee of	Assignee of record of the entire interest. See 37 CFR 3.71.										
Statement un	Statement under 37 CFR 3.73(b) is enclosed Form PTO/SB/96)										
SIGNATURE of Applicant of Assignee of Record											
Signeture		(XA) t				Date	04/03	7007			
Neme	FRANCI	S PHILLIP CHATFIELD				Telephone	34(3)	aui			
Title end Compeny											
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.											
*Total of		forms are submitted									

Totals or information is required by 37 CFR 31, 132 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by 185 collection of information is required to complete, including eithering, propering, and submitting the complete, including eithering, should be seen to long for information of the encount of these your require to complete this form and/or suggestions for reducing this burden, should be seen to long information of the formation of the